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FACSIMILE COVER LETTER

To: Commissioner for Patents
Examiner Pierre E. Elisca

Firm: U.S. Patent and Trademark Office
Art Unit 3621

Facsimile: (571) 273-8300

From: Thomas F. Presson

Date: October 19, 2006

Re: FLH Ref No.: 450100-03152
Serial No: 09/829,573

Number of Pages: 13
(including cover page)

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICEPATENT
450100-03152RECEIVED
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OCT 19 2006

Applicants : Ryuichiro Hisamatsu, et al.
 Serial No. : 09/829,573
 For : BUSINESS MANAGEMENT METHOD, BUSINESS MANAGEMENT APPARATUS AND DATA
 BROADCAST DELIVERY METHOD
 Filed : April 10, 2001
 Examiner : Blisca, Pierre E.
 Art Unit : 3621
 Confirmation No. : 7755

745 Fifth Avenue
 New York, NY 10151
 Tel: 212-588-0800

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ No additional fee is required.
☐ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	19	Minus	** = 22	*0x	\$50 (25)	=\$0
Independent claims	5	Minus	*** = 5	*0x	\$200 (100)	=\$0
Total additional fee for this amendment						\$0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
 ** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
 *** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☐ This response is being filed within the ___ month following the expiration of the term originally set therefore. This is a petition to request a ___ month extension of time. A check covering the cost of the petition is enclosed.
- ☐ A check in the amount of \$ ___ is attached, which covers the cost of ☐ additional claims ☐ petition for extension of time.
- ☐ Charge \$ ___ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

CERTIFICATE OF FACSIMILE

I hereby certify that this correspondence is being transmitted via facsimile to (571) 273-8300 on October 19, 2006.

Barret Shindlman
 (Name of person signing transmittal)

Signature

October 19, 2006

Date of Signature

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
 Attorneys for Applicants

By:

Thomas F. Presson
 Reg. No. 41,442
 Tel: 212-588-0800

00405450

U.S. Patent Application. No. 09/829,573
Reply to Office Action dated July 24, 2006

PATENT
450100-03152

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Barnet Shindlman

(Name of person signing transmittal)



Signature

October 19, 2006

Date of Signature

AMENDMENT UNDER 37 C.F.R. § 1.121

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Non-Final Office Action mailed on July 24, 2006, having a
three-month statutory period for response set to expire on October 24, 2006, please amend the
above-identified application as follows:

U.S. Patent Application No. 09/829,573
Reply to Office Action dated July 24, 2006

PATENT
450100-03152

Amendments to the Claims begins on page 3 of this paper.

Remarks/Arguments begin on page 10 of this paper.